

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ENCROACHMENT PERMIT APPLICATION REVIEW
TR-0110 (REV. 06/2006)

APPLICANT				PERMIT NO.	
DATE				DIST / CO / RTE / PM	
Your comments and recommendations are requested regarding an encroachment permit application.				TYPE OF WORK	
REVIEW NEEDED BY				REVIEWING UNITS	
CHARGE ALL "CUSTOMER SERVICE & TRAVEL TIME" TO:					
DIST.	EA-SUB JOB	SPECIAL DESIGNATION	ACT		
	937700-3EPCS		2003		
CHARGE ALL "NON-STORM WATER RELATED REVIEW TIME" TO:					
DIST.	EA-SUB JOB	SPECIAL DESIGNATION	ACT		
	937700-3EPPR		2037		
CHARGE ALL "STORM WATER RELATED REVIEW TIME" TO:					
DIST.	EA-SUB JOB	SPECIAL DESIGNATION	ACT		
	937700-3ESWR		2037		
THERE IS ADDITIONAL INFORMATION AVAILABLE IN PERMIT FILE. <input type="checkbox"/> YES <input type="checkbox"/> NO				LAST _____, Permit Office	
BESIDES THOSE LISTED, WHO ELSE SHOULD REVIEW THIS APPLICATION?				THIS APPLICATION IS BEING REVIEWED SEPARATELY BY EACH UNIT.	
TIME CHARGED* EA/SUB JOB 937700-3EPCS _____ HOURS EA/SUB JOB 937700-3EPPR _____ HOURS EA/SUB JOB 937700-3ESWR _____ HOURS * MUST MATCH STAFF CENTRAL ENTRY				RESPONSIBLE UNIT _____	
PERMIT RECOMMENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Need more information (<i>explain</i>)				PERMIT ENGINEERING EVALUATION REPORT REQUIRED <input type="checkbox"/> NO (<i>No adverse impact on highway operations or maintenance.</i>)	
				BY _____, SR. TRANSP. ENGR. DATE _____	
				<input type="checkbox"/> YES <input type="checkbox"/> ATTACHED EST. COMPLETION DATE OF PEER. _____	
REMARKS: (<i>Include necessary changes, required conditions, etc.</i>)					

REVIEWED BY	UNIT CODE	BUSINESS PHONE	DATE
CONCURRED BY	UNIT CODE	BUSINESS PHONE	DATE